

163
07/03/00
U.S. PATENT AND TRADEMARK OFFICE07/03/00
UTILITY
PATENT APPLICATION
TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application P. O. Box 1450, Alexandria, VA 22313-1450
--	---

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> (Submit an original, and a duplicate for fee processing)</p> <p>2. Application:</p> <p><input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling <u>pages</u>) Appendix(es) <u> </u>, & <u> </u> (21 pages)</p> <p><input checked="" type="checkbox"/> Claim(s) (8 pages)</p> <p><input checked="" type="checkbox"/> Abstract of the Disclosure (1 page)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (7 sheets - informal and 7 sheets - formal)</p> <p>4. Oath or Declaration <input type="checkbox"/> unsigned (6 pages - in counterparts)</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p>c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of <u> </u> pages of microfiche containing <u> </u> frames on each page in accompanying envelope.</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>
ACCOMPANYING APPLICATION PARTS	
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents) <u> </u> pages</p> <p>9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney (combined when there is an <input type="checkbox"/> with Patent Declaration Assignee) <input type="checkbox"/> above.)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS) (pages) & <input type="checkbox"/> PTO Form 1449 (page) Citations/References</p> <p>12. <input type="checkbox"/> Preliminary Amendment <u> </u> pages</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p> <p>14. Small Entity Status</p> <p><input type="checkbox"/> Small Entity Statement Enclosed <u> </u> pages</p> <p><input type="checkbox"/> Statement filed in prior application; and status still proper and desired</p> <p><input type="checkbox"/> Is no longer claimed.</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other:</p>	

PLEASE CANCEL CLAIMS 1-24.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment:

 Continuation Divisional of prior application No. 09/566,352

Filed on May 4, 2000, entitled: System and Methods for Classifying Anomalies of Sample Surfaces.

PRIOR APPLICATION INFORMATION: M. P. Stafira Group Art Unit: 2877

18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Labelor Correspondence address below**36257**

Name	James S. Hsue	Reg. No. 29,545
Attorneys for Applicant	Parsons Hsue & de Runtz LLP	
Address	655 Montgomery Street, Suite 1800	
City	San Francisco	State CA
Country:	United States	Zip Code 94111
		Fax (415) 693-0194

 21904 U.S. PTO
 10/613634
 07/03/03


Please type a plus sign (+) inside this box ⇒

19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	24-20	=	4	x	\$18	=	\$72.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3	=	0	x	\$84	=	\$ 0.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))		+		\$280.00	=		
					BASIC FEE (37 CFR 1.16(a))	=	\$ 750.00	
					Total of above Calculations	=	\$822.00	
					Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=		
						› TOTAL	=	\$822.00

20. FEES:

A check is enclosed for \$822.00.

The Commissioner is hereby authorized to credit overpayments or any additional fees required to Deposit Account No. 502664.

21. Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

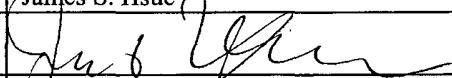
22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	36257	<input checked="" type="checkbox"/> New correspondence address below			
NAME	James S. Hsue, Parsons Hsue & de Runtz LLP				
ADDRESS	655 Montgomery Street, Suite 1800				
CITY	San Francisco	STATE	California	ZIP CODE	94111
COUNTRY	U.S.A.	TELEPHONE	(415) 318-1160	FAX	(415) 693-0194

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Parsons Hsue & de Runtz LLP
655 Montgomery Street, Suite 1800
San Francisco, CA 94111

Tel. (415) 318-1160 Fax. (415) 693-0194

Date:	July 3, 2003	
Name	James S. Hsue	Reg. No. 29,545
Signature		
Express Mail Label No.	EV 321715978 US	